## **GET ALARMED, TENNESSEE!!!**

## **Smoke Alarm Installation Program**

Actual Install Date:	Date of Request:	Proposed Install Date:
Last Name:	Actual Install Date:	How many alarms installed?
Street/Mailing Address:  City:	RESIDENTS INFO	
City:	Last Name:	First Name:
Home Phone: Cell Phone:	Street/Mailing Address:	
Email Address:  Is Email the preferred way to contact you? Yes / No  RESIDENCE  1. Type of Residence  One Family Apartment Manufactured Home 2. Do you rent or own residence? One Rent 3. Number of levels (stories) in your home: One Two Three or more 4. How many people live in the household?  Thus many people live in the household?  Does anyone living in residence SMOKE? Yes No  Does anyone living in the residence have a disability? YES NO	City:	Zip:
Is Email the preferred way to contact you? Yes / No  RESIDENCE  1. Type of Residence  One Family Multi-Family Apartment Manufactured Home 2. Do you rent or own residence? Own Rent 3. Number of levels (stories) in your home: One Two Three or more 4. How many people live in the household?  Mumber of smoke alarms currently in home  Does anyone living in residence SMOKE? Yes No 7. Does anyone living in the residence have a disability? YES	Home Phone:	Cell Phone:
RESIDENCE  1. Type of Residence  One Family  Multi-Family  Apartment  Manufactured Home  2. Do you rent or own residence?  Own  Rent  3. Number of levels (stories) in your home:  One  Two  Three or more  4. How many people live in the household?  Mumber of smoke alarms currently in home  Does anyone living in residence SMOKE?  Yes  No  7. Does anyone living in the residence have a disability?  YES  NO	Email Address:	
1. Type of Residence  One Family  Multi-Family  Apartment  Manufactured Home  2. Do you rent or own residence?  Own  Rent  3. Number of levels (stories) in your home:  One  Two  Three or more  4. How many people live in the household?  Multi-Family  S. Number of smoke alarms currently in home  Multi-Family  6. Does anyone living in residence SMOKE?  Yes  No  7. Does anyone living in the residence have a disability?  YES  NO	Is Email the preferred way to contact you	? Yes / No
□ One Family   □ Multi-Family   □ Apartment   □ Manufactured Home   2. Do you rent or own residence?   □ Own   □ Rent   3. Number of levels (stories) in your home:   □ One   □ Two   □ Three or more   4. How many people live in the household?   •   •   5. Number of smoke alarms currently in home   •   •   5. Number of smoke alarms currently in home   •   •   6. Does anyone living in residence SMOKE?   □ Yes   □ No   7. Does anyone living in the residence have a disability?   □ YES   □ NO	RESIDENCE	
□ Multi-Family   □ Apartment   Manufactured Home   2. Do you rent or own residence?   □ Own   □ Rent   3. Number of levels (stories) in your home:   □ One   □ Two   □ Three or more   4. How many people live in the household?   •   •   5. Number of smoke alarms currently in home   •   •   G. Does anyone living in residence SMOKE?   □ Yes   □ No   7. Does anyone living in the residence have a disability?   □ YES   □ NO	1. Type of Residence	
•  6. Does anyone living in residence SMOKE?  ☐ Yes ☐ No  7. Does anyone living in the residence have a disability? ☐ YES ☐ NO	<ul> <li>Multi-Family</li> <li>Apartment</li> <li>Manufactured Home</li> <li>2. Do you rent or own residence?</li> <li>Own</li> <li>Rent</li> <li>3. Number of levels (stories) in your home:</li> <li>One</li> <li>Two</li> <li>Three or more</li> </ul>	
•  6. Does anyone living in residence SMOKE?  ☐ Yes ☐ No  7. Does anyone living in the residence have a disability? ☐ YES ☐ NO	Number of smoke alarms currently in hon	ne
☐ Yes ☐ No  7. Does anyone living in the residence have a disability? ☐ YES ☐ NO	•	
	<ul> <li>☐ Yes</li> <li>☐ No</li> <li>7. Does anyone living in the residence have</li> <li>☐ YES</li> </ul>	a disability?
		m:

## **DISABILITY**

1. Check the PRIMARY and SECONDARY disability for which you need the alarm.	
If you do not have a secondary disability, please continue with the next question.	
PRIMARY:	
□ Deaf	
☐ Hard of Hearing	
□ Blind	
☐ Visually Impaired	
☐Mobility Impaired	
SECONDARY:	
□ Deaf	
☐ Hard of Hearing	
□ Blind	
☐ Visually Impaired	
□Mobility Impaired	
2. Primary Language	
☐ English	
☐ Hispanic	
☐ American Sign Language (ASL)	
☐ Other:	
3. If you selected deaf or hard of hearing as your primary or secondary disability, what is your	
situation regarding an interpreter when an installer comes to your home??	
☐ I do not need an interpreter	
☐ I have someone who can interpret for me	
☐ I will need an interpreter	
4. If you selected deaf or hard of hearing, do you have a seizure disorder that might be triggered	
by a strobe light??	
□ Yes	
□ No	
5. What is your preferred format for home fire safety messages?	
☐ Standard Print	
☐ Large Print	
☐ Braille	
☐ Audio Tape	
□ CD	

Please send completed forms to:

State Fire Marshal's Office

500 James Robertson Pkwy

Nashville, TN 37243

Or fax to: 615-741-1583